

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/591243

10/591243

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51		1			
2								51		1			
3								53		1			
4								54		1			
5								55		1			
6								56		1			
7								57		1			
8								58		1			
9								59		1			
10								60		1			
11								61		1			
12								62		1			
13								63		1			
14								64		1			
15								65		1			
16								66		1			
17								67		1			
18								68		1			
19								69		1			
20								70		1			
21								71		1			
22								72		1			
23								73		1			
24								74		1			
25								75		1			
26								76		1			
27								77		1			
28								78		1			
29								79		1			
30								80		1			
31								81		1			
32								82		1			
33								83		1			
34								84		1			
35								85		1			
36								86		1			
37								87		1			
38								88		1			
39								89		1			
40								90		1			
41								91		1			
42								92		1			
43								93		1			
44								94		1			
45								95		1			
46								96		1			
47								97		1			
48								98		1			
49								99		1			
50								100		1			
TOTAL IND.		↓		↓		↓		TOTAL IND.	↓	3	↓		
TOTAL DEP.		←		←		←		TOTAL DEP.	←	87	←		
TOTAL CLAIMS		████████		████████		████████		TOTAL CLAIMS		87		████████	